

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P94000040147

**FILED**  
**Jun 28, 2010**  
**Secretary of State**

**Entity Name:** PARTY CITY OF CARROLLWOOD, INC.

**Current Principal Place of Business:**

11777 N DALE MABRY HWY  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

11777 N DALE MABRY HWY  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 59-3249798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DREW, KRISTINE A  
13710 CHESTERSALL DR  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KRISTINE DREW

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DREW, KRISTINE A  
Address: 13710 CHESTERDALE DR.  
City-St-Zip: TAMPA, FL 33624

Title: VP  
Name: DREW, CAMERON S  
Address: 13710 CHESTERDALE DR.  
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTINE DREW

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

06/28/2010

\_\_\_\_\_  
Date